

Voyage 1 Limited

Park View Road

Inspection report

2A Park View Road
Bradford
West Yorkshire
BD9 4PA

Tel: 01274481030

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Park View Road provides support to up to 10 people with learning disabilities and autistic people, at the time of our inspection, 8 people were living at the home. The building was a large single-story building with 9 bedrooms and a flat that consisted of a bedroom, bathroom and lounge/ kitchen, the flat was integral to the building, at the time of the inspection the flat was empty. Some rooms were en-suite, however not all. There was outside patio area and a drive with parking spaces.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Medicines were safely managed, and medicines records were accurately completed. Staff knew people well and we observed positive interactions. Improvements needed to be made to the environment people lived in, to ensure it was clean and well maintained. Inconsistencies in support records did not provide staff with sufficient guidance to safely support people.

Right Care

People and their families told us staff were kind and supported them well. Staff understood how to protect people from poor care and the risk of abuse, Staff were trained about how to recognise and report abuse and told us when they would report any concerns. We observed staff interacting with people in a kind and compassionate way. There was a lack of encouragement for people to be engaged in everyday living skills and activities such as cooking, cleaning and laundry tasks.

Right Culture:

Quality assurance processes had not identified all the concerns we identified during our inspection. People and staff were positive about the registered manager and stated that they were approachable and fair to all staff members, and new the people supported well. Some support planning did not always assist people to lead inclusive and empowered lives. Some of this was due to the environment. The registered manager understood further work was needed regarding the building and environment and shared renovation plans regarding this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park View Road on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We found no evidence during this inspection that people were at risk of harm from this concern.

Recommendations

We have made 3 recommendations in relation to recruitment, person-centred care and daily records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Park View Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Park View Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Park View Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 7 relatives about their experience of the care provided. We spoke with 8 staff, including the registered manager, senior support worker and support workers. We looked at 4 care records, 4 medicine records and 3 staff files relating to recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and policies. We observed support and interactions between people and staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and training information



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Policy and procedures were in place for staff to follow to report any safeguarding concerns. Staff had received appropriate safeguarding training and were aware of how and when concerns should be raised.
- People told us they felt safe. One person when asked if they felt safe stated "yes, I like it here."
- Relatives told us they felt the service was safe, one relative said, "yes [person] is safe there, I can't fault it in any way." Another relative said, "[person] is safe at the house, it is a nice and homely atmosphere. It is close by, so good for visiting. There is a park nearby, so [person] is able to go for walks which they love."
- Staff were aware of the importance of using proactive strategies when supporting people to manage their emotions and distress, this ensured people were supported appropriately and in the least restrictive way.

Assessing risk, safety monitoring and management

- Risks to people were not always managed. Risk assessments were incorporated into people's support plans. However, these were not always robust or up to date to reflect people's current needs.
- Risks around diabetes for one person which was managed by a low cholesterol diet, was not evidenced within the eating and drinking support plan or risk assessment. Another person's night support care plan referred to a floor sensor mat being in place, this had been removed and replaced with a beam sensor. This placed people at risk of receiving unsafe support.
- Staff we spoke with were clear about the procedures for recording and reporting incidents and noting any observations. However, not all incidents within the daily notes were evidenced within the accident and incident log for example, not all incidents of a person banging their head were recorded on the accident and incident log. Meaning, themes may not always being identified and analysed.
- Fire checks and records were in place and completed as per the providers policy. People had a personal evacuation plan in place and staff were aware of the fire emergency evacuation procedures for the service. However, some staff told us that they had not been involved in a fire evacuation drill.
- Health and safety checks had been completed to ensure the environment and equipment was safe for use.
- A relative told us "[person] is definitely safe living there. They know how to manage [persons] upsets. He will be okay for months and then gets upset. He gets upset if he is unwell."

Using medicines safely

- Medicines were stored appropriately, in locked storage within people's rooms, temperature checks were undertaken, and action taken if required. Medication records were accurate. We noted that one person's rescue medication was not stored as required to aid quick administration, however this was discussed with

the registered manager and rectified immediately.

- One person's 'as required' (PRN) medicine was not in stock. Meaning this was not available, should this person require it. This was due to a delivery issue. The registered manager told us they would take action to ensure the correct procedures were followed when medicines were not delivered as requested.
- People's support plans detailed their preferences for support with their medicines and staff ensured there were regular reviews. Where people required PRN medicines, there were protocols in place to guide staff about how and when to administer them. Body maps were used to show where topical creams needed to be applied.
- Staff were trained in medicines administration and their competence was assessed annually. We observed the chef administering thickener into one person drinks. Whilst this was done correctly and no harm was caused, the registered manager assured us this would now only be undertaken by trained and competence assessed staff.

Staffing and recruitment

- Staff were not always recruited safely. There were sufficient numbers of staff to meet people's needs. The manager told us that due to a change in the amount of people they support they were now overstaffed, however this was being resolved due to attrition.
- We received mixed feedback regarding staffing. One relative told us; "The issue is the huge staff turnover, when [person] first moved there the staff were older people. If there was stability in the staff that would be better." Another relative stated "I have always felt it is adequately staffed. There are always staff around. I don't think there have been too many changes in staff. They are always obliging. [person] is as independent as they can be."
- Staff told us there were no issues regarding staffing levels and that the morale within the staff team was, "Excellent."
- Recruitment procedures were in place and application forms, employment history and disclosure barring service (DBS) checks were obtained prior to staff starting work, however references ensuring peoples suitability were not robust. Further improvements were required to ensure the obtaining and verification of references to ensure fit and proper person of good character were employed.

We recommend the provider reviews their recruitment process regarding reference checks, to ensure it is robust.

- Staff told us their induction into the service provided them with the skills and information they required prior to supporting people.
- The management team had an 'on call' system in the event of an emergency. Staff told us whenever they had contacted the 'on call' they had always received prompt and appropriate support. The management team included the registered manager and 2 team leaders who worked Monday to Friday and were additional to the support staff included on the rota.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in alignment to government guidance and people were receiving visitors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Staff and the registered manager confirmed they received a hot and cold debriefing and support following any incidents where intervention was necessary. One staff member told us "I feel supported, an example of that was where I was hit by a person supported and I was given the opportunity to debrief both hot and cold debrief. following this and to look at what caused the situation to escalate."
- Incidents and accidents were monitored and reviewed regularly by the provider's quality team to identify any patterns or trends. They were analysed for any necessary action and learning was discussed with staff. However, we found that not all accidents and incidents that should be reported were being, this meant there that not all themes and trends were analysed as required.

We recommend the provider reviews their auditing of daily notes to ensure that any themes and trends are identified and appropriate action taken.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) of significant events. The rating from the previous inspection report was displayed in the home and on the provider's website.
- Regular audits of the service were undertaken and recorded. However, these systems and processes did not always identify where the quality and safety of the service may be compromised, to enable them to respond appropriately.
- Inconsistencies and gaps in daily records and care plans/ risk assessments had not been identified in the audit process. This meant that people may not be receiving consistent support to meet their needs and themes and trends may not be picked up and appropriate action taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us that they were free to visit the home anytime and that they were always made welcome. One relative told us "I think [name] receives the right support. When I have been to meetings, they seem to understand them as a person. Even when there are changes in staff, the new staff talk to [person] as if they have known them for ages. The staff seem to pass their skills on." Another relative told us, "There are 2 kitchens at the house, 1 for staff only and 1 for family and possibly residents to use, I'm not sure. The chef is very good. The main kitchen has a hatch for serving from. There used to be a table for buttering toast etc, but I don't think it's there anymore."
- Feedback surveys were sent to relatives annually. The results of the last survey showed positive responses.
- Regular staff meetings took place. These were used to keep staff up to date with changes or concerns in the service. Staff told us they felt they were actively encouraged to share their ideas and concerns at these meeting and that these were listened to and acted on. One staff told us, "Yes team meetings are every 2 weeks, and everyone is encouraged to bring ideas, and all are listed to. Team meetings are very inclusive of all the staff members."
- The service had not always provided person centred support and achieved good outcomes for all the people who lived at Park View Road. Due to the environment people were limited in their opportunities to undertake daily living tasks such as cooking, shopping, cleaning, and laundry tasks. This meant there were missed opportunities for people to be involved in decisions and activities within their everyday life and to build on longer-term goals. This was discussed with the registered manager at the time of the inspection

who shared plans for future renovations to the building that would assist with some of the environmental issues.

We recommend the provider reviews the suitability of the environment, including access to the second kitchen and laundry to ensure people can be supported in a person centred, inclusive environment maximising independence for all people living in the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and honest culture in the service. The registered manager understood their duties under duty of candour, to be honest when things go wrong.
- The registered manager had informed CQC about significant events and incidents which they are required to notify us about.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw evidence that people's cultural needs were being met for example. The chef had worked with 1 relative regarding the making of a meal that the person particularly enjoyed. Ensuring this was purchased and cooked in a way that was appropriate to the person's needs.
- People were engaged and involved in the design and redecoration of their own room. For example, 1 person had all their paintings and craft items out within their room. When asked they stated, "I like it."
- Family members told us the registered manager was approachable and open to any suggestions, ideas.

Working in partnership with others

- The service worked in partnership with others to improve the care provided. This included, social workers, behaviour support team and speech and language therapists (SALT).
- Minutes of team meetings showed incidents were discussed as a staff team, including the learning from these. For example, staff discussed the changing need of one person supported and the staffing levels for that person changed as a result.
- People were supported by staff to access the local community.